

**§ 422.760 Other applicable provisions.**

The provisions of section 1128A of the Act (except subsections (a) and (b)) apply to civil money penalties under this subpart to the same extent that they apply to a civil money penalty or procedure under section 1128A of the Act.

**PART 424—CONDITIONS FOR MEDICARE PAYMENT**

**Subpart A—General Provisions**

Sec.

- 424.1 Basis and scope.
- 424.3 Definitions.
- 424.5 Basic conditions.
- 424.7 General limitations.

**Subpart B—Certification and Plan of Treatment Requirements**

- 424.10 Purpose and scope.
- 424.11 General procedures.
- 424.13 Requirements for inpatient services of hospitals other than psychiatric hospitals.
- 424.14 Requirements for inpatient services of psychiatric hospitals.
- 424.15 Requirements for inpatient CAH services.
- 424.16 Timing of certification for individual admitted to a hospital before entitlement to Medicare benefits.
- 424.20 Requirements for posthospital SNF care.
- 424.22 Requirements for home health services.
- 424.24 Requirements for medical and other health services furnished by providers under Medicare Part B.
- 424.27 Requirements for comprehensive outpatient rehabilitation facility (CORF) services.

**Subpart C—Claims for Payment**

- 424.30 Scope.
- 424.32 Basic requirements for all claims.
- 424.33 Additional requirements: Claims for services of providers and claims by suppliers and nonparticipating hospitals.
- 424.34 Additional requirements: Beneficiary's claim for direct payment.
- 424.36 Signature requirements.
- 424.37 Evidence of authority to sign on behalf of the beneficiary.
- 424.40 Request for payment effective for more than one claim.
- 424.44 Time limits for filing claims.
- 424.45 What constitutes a claim for purposes of meeting the time limits.

**Subpart D—To Whom Payment is Ordinarily Made**

- 424.50 Scope.
- 424.51 Payment to the provider.
- 424.52 Payment to a nonparticipating hospital.
- 424.53 Payment to the beneficiary.
- 424.54 Payment to the beneficiary's legal representative or representative payee.
- 424.55 Payment to the supplier.
- 424.56 Payment to a beneficiary and to a supplier.
- 424.57 Special payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing numbers.

**Subpart E—To Whom Payment is Made in Special Situations**

- 424.60 Scope.
- 424.62 Payment after beneficiary's death: Bill has been paid.
- 424.64 Payment after beneficiary's death: Bill has not been paid.
- 424.66 Payment to entities that provide coverage complementary to Medicare Part B.

**Subpart F—Limitations on Assignment and Reassignment of Claims**

- 424.70 Basis and scope.
- 424.71 Definitions.
- 424.73 Prohibition of assignment of claims by providers.
- 424.74 Termination of provider agreement.
- 424.80 Prohibition of reassignment of claims by suppliers.
- 424.82 Revocation of right to receive assigned benefits.
- 424.83 Hearings on revocation of right to receive assigned benefits.
- 424.84 Final determination on revocation of right to receive assigned benefits.
- 424.86 Prohibition of assignment of claims by beneficiaries.
- 424.90 Court-ordered assignments: Conditions and limitations.

**Subpart G—Special Conditions: Emergency Services Furnished by a Nonparticipating Hospital**

- 424.100 Scope.
- 424.101 Definitions.
- 424.102 Situations that do not constitute an emergency.
- 424.103 Conditions for payment for emergency services.
- 424.104 Election to claim payment for emergency services furnished during a calendar year.
- 424.106 Criteria for determining whether the hospital was the most accessible.
- 424.108 Payment to a hospital.